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ABSTRACT

This paper begins with an overview of the legislation shaping early intervention in the United States. A review of recent theoretical developments in working with families and children, cultural perspectives, language, communication and education of deaf individuals, and early childhood practices reveals marked contrasts between traditional and current approaches to early intervention, in particular as it regards services to families with young children who are deaf or hard of hearing. A set of paradigm shifts is discussed, including the trends from medical to socio-cultural models of treatment, from child-centered and professional to family-centered treatment, from isolated to interdisciplinary service delivery, from monocultural to multicultural practitioner perspectives, from auditory/oral and English learning to visual/gestural and American Sign Language learning, from diagnostic prescriptive to developmentally appropriate programming, and from teacher-directed to child-directed educational planning. Strengths, weaknesses, and practical requirements of each model are discussed in brief. (Contains 22 references.) (PB)

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Current Perspectives as Guidelines for Best Practices in Early Education

Family-Centered Early Education for Children who are Deaf or Hard of Hearing in the USA

Presented at the International Congress on the Education of the Deaf

Tel Aviv, Israel

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Current Perspectives as Guidelines for Best Practices in Early Education

Abstract

Legislation supporting the provision of services to young children with special needs and their families in the United States has been a crucial catalyst for re-thinking and re-designing programs for deaf and hard of hearing youngsters and their families. New and improved technologies for early identification of deafness, changes in the population and increased awareness of the language, culture, and potential of individuals who are deaf have challenged our traditional beliefs. As a result, there has been a significant paradigm shift in the traditional perspectives for providing services to young children who are deaf and their families. This paper was presented as a part of the symposium on Family-Centered Early Education for Children who are Deaf or Hard of Hearing in the United States. The paper presents an overview of the current legislation shaping early intervention in the United States, Public Law 102-119 (originally PL 99-457) providing a framework for early education programming. Recent theoretical developments in working with families and children, cultural perspectives, language, communication and education of deaf individuals, and early childhood practices reveal marked contrasts in the traditional and current perspectives for early intervention. The paper describes a paradigm shift and the impact on service delivery to families who have young children who are deaf or hard of hearing.

Introduction. Early education in the United States has been an important component of deaf education since the mid 19th century. Several core elements have endured throughout the years despite the struggles and controversies characteristic of the field of deaf education in general. The first programs included many elements of what are today considered "best practices". These included: 1) recognition of the family as the heart and core of education and the home as the model school for the young child; 2) natural signs and gestures as essential to developing a foundation for early communication; 3) commitment to a "natural" environment for facilitating the development of language; 4) early introduction of reading and writing; and 5) early integration of deaf and hearing children (Moores, 1987).

Recent theoretical developments in working with families and children, legislative initiatives, advocacy efforts of professional organizations, and demographic shifts in the population of children who are deaf or hard of hearing have influenced changes in early intervention services. This paper provides an overview of these recent developments and describes a paradigm shift from traditional to current perspectives for early education programming and service delivery to families and their children.

Research and development initiatives, supported by funding from the United States Department of Education in the early 1970's, benefitted the field of early intervention greatly. Model programs designed to address the needs of young children who were economically disadvantaged or disabled and their families were established. Research highlighting: 1) the abilities of infants, 2) the importance of early life experiences on the development of cognition and language, 3) the impact of positive parent-child relationships

on social and emotional development, and 4) the overall benefits of early education and parent involvement influenced early education programs for deaf children and their families.

Legislation. In 1986 Public Law 99-457, an Amendment to the Individuals with Disabilities Act, formerly the Education of the Handicapped Act, was enacted by the U.S. Congress. This legislation required states receiving federal funds to extend the benefits of a free appropriate public education to children ages three through five years. A new section of P.L. 99-457, Part H, established financial incentives to states to implement and improve their early intervention services to infants birth to three years and their families. This legislation provided the guidelines for establishing state systems for early identification, and encouraged agencies and programs within states to collaborate in providing comprehensive services to families whose infants and toddlers were developmentally delayed or at risk for delay.

Central to this legislation is the philosophy of family-centered care (Shelton, Jeppson & Johnson, 1987). The legislation underscores the critical role of families and directs service providers to establish partnerships with parents which enhance family involvement in decision making and promote self-efficacy and empowerment of family members. The heart of the legislation is the Individualized Family Service Plan, or IFSP, which outlines the process for identifying family priorities for services and establishing a plan for service delivery. The reauthorization of this law as P.L. 102-119 in 1992, strengthens the role of families in the provision of comprehensive, multidisciplinary, interagency and collaborative services. The passage of this legislation has provided the impetus for changes in the focus, range of services, as well as the service delivery approaches for young children who are deaf or hard

of hearing and their families (Sass-Lehrer & Bodner-Johnson, 1989). The essence of this legislation lies in its emphasis on families. Families and professionals working together form the spirit of this law and respect for the rights and unique perspectives of families are highlighted through the legislation (McGonigel, 1991).

Another important piece of legislation is the Americans with Disabilities Act of 1990. This legislation was designed to protect people with disabilities from discrimination based upon disability. The ADA provides opportunities for all children to participate in community activities and programs such as child care and other early education programs. While the federal regulations for Public Law 102-119 advocate the integration and inclusion of children with special needs into community-based programs, the ADA requires programs to modify their services and accommodate children with disabilities. Together these initiatives have boosted the inclusion of deaf children into natural environments such as child care, nursery and preschool programs in the community (Children's Corner, 1993).

Professional Advocacy. Professional organizations concerned with the welfare of young children with special needs and their families have also been instrumental in affecting changes. The National Association for the Education of Young Children (NAEYC) has published guidelines for developmentally appropriate practices which promote the quality of early education experiences for young children (Bredekamp, 1987). The Division of Early Childhood of the Council for Exceptional Children has joined with the National Association for the Education of Young Children to develop standards for professional preparation to provide quality early childhood programming which includes children with and without special needs (DEC, 1992).

Professionals in the field of deafness have also influenced change and set guidelines for practice. For example, the 1988 Report of the Commission on the Education of the Deaf to Congress and the President of the United States (COED, 1988), stressed the need to improve the age of identification of hearing loss and called for the inclusion of deaf adults as role models and facilitators in early intervention programs. The Joint Committee on Infant Hearing, a consortium of many organizations concerned with early identification of hearing loss, published a position statement on early identification which includes recommendations for universal screening of hearing loss immediately after birth (JCIH, 1994).

Demographic Shifts. Recent changes in the characteristics of children and families in the U.S. have also influenced the nature of early education services. For example, children are receiving services at a younger age today than they were ten years ago. Estimates for the average age at diagnosis of congenital deafness are now between the ages of 15 and 16 months (Elssmann, Matkin & Sabo, 1987; Mace, Wallace Whan & Stelmachowicz, 1991), and enrollment in early intervention programs for these children is typically before 24 months of age. Early identification initiatives have been supported by the use of two physiologic procedures for identifying hearing loss in newborns. The Auditory Brainstem Response (ABR) and Otoacoustic Emissions (OAE) both show promise as tools for early identification of hearing loss.

More hard of hearing children, that is children with hearing losses 85 decibels or less, are in early intervention programs today than a decade earlier, and there has been an increase in the proportion of deaf youngsters who have physical or cognitive disabilities (Craig,

1992). These shifts influence the type of services as well as the knowledge and skills needed by professionals.

Changes in the family have evolved gradually over the past 20 years in the United States. Increases in the number of single parent families, families in which both parents work outside the home, families headed by grandparents, teenage parents, and combined families living together in one household are no longer unusual and are often more prevalent than the "traditional" American family. Families with young children who are deaf are increasingly diverse and include a growing number of families of Hispanic, African, Asian-Pacific and Native American origin. In Gallaudet University's 1991-92 Annual Survey of Hearing-Impaired Children and Youth, one-third of the students surveyed were members of minority groups (Schildroth & Hotto, 1993). The language of the home is no longer assumed to be English, and statistics from the Children's National Defense Fund indicate a growing number of young children who are living in poverty (Children's National Defense Fund, 1990). These demographic changes have presented new challenges to the field of early intervention.

A Paradigm Shift. The evolution in the population as well as new perspectives concerning best practice guidelines are illustrated best by a paradigm of traditional versus current beliefs in the provision of early education services to families whose children are deaf. Changes in the philosophy and nature of services can be viewed as a continuum which is both fluid and flexible; responding to current views and new initiatives while providing an appropriate match between family priorities and resources and their child's strengths and needs.

The Medical vs Socio-Cultural Models. Traditionally, services for young children who are

deaf or hard of hearing have focused on the medical condition of the hearing loss. A pathological perspective views deafness as a deficit condition focusing on what is wrong and how the condition might be fixed. The standard is normal hearing, and services are provided to make the child as much like a "normal hearing child" as possible. The deficit perspective has permeated the field of special education which has recently undergone a transformation reflected in a change in terminology. For example, the terms "handicapped child," and "hearing-impaired child," pervasive in the literature prior to 1990, gradually are being replaced by "the child with special needs" and "the child who is deaf or hard of hearing". The medical model emphasizing the hearing deficit and habilitation of speech and hearing may inadvertently de-emphasize the social-emotional, cognitive, linguistic or communication needs of the child and family.

The Socio-cultural model views deafness, not as a disability, but as a characteristic of the child, much like color of skin, or texture of hair. The child who is deaf is seen as a member of a community whose culture and language constitute a minority group in the United States. The issues for the family and the child who is deaf are similar to those of other cultural and linguistic minority groups, that is, equal access to services, quality educational experiences and the challenges associated with acquiring English as a second language. A socio-cultural paradigm does not view deafness as a problem, impairment, or deficit, but rather a challenge created by the society in which the individual lives, not by the condition of hearing loss.

Child-Centered vs Family-Centered. Early intervention services for young children have focused historically on the child. Mothers were considered the child's first teacher, and

intervention services were designed to teach mothers how to prepare lessons to promote their child's acquisition of language.

The family-centered approach views the child as part of a family system which is influenced by the structure of the family, relationships within the family and the community, family values and beliefs, and family resources. A family-centered perspective recognizes the importance of family adaptation and accommodation on the development of the deaf child as well as the health of the family as a unit. Respect for individual family values and beliefs is paramount to this philosophy as families identify the goals and type of services, as well as their desired extent of involvement in the early intervention process.

Professional vs Family-Centered. Professionals have traditionally been considered the "experts" who have all of the information and are in the best position to advise parents regarding the most appropriate approach for intervention. Family-professional relationships have been described as a continuum varying from "professional-centered models" to "family-centered models" (Dunst, Johanson, Trivette & Hamby, 1991). The professional-centered approach reinforces the notion of family inadequacy and may lead to feelings of helplessness or dependency.

Family-centered models, on the other hand, put families in the "driver's seat". Professionals become the agents for families who strengthen the family's competence for decision making. Families determine their needs for services and professionals support their ability to utilize the resources available to them. Although many professionals working with children who are deaf and their families believe that a family-centered approach is the ideal, a recent survey suggests that many who subscribe to the philosophy fail to practice it (Roush,

Harrison & Palsha, 1992).

Isolated vs Interagency/Interdisciplinary Service Delivery. Traditionally, teachers working with young children and families were the only professional with whom the family worked. After the initial assessment and evaluation of the hearing loss, the onus fell upon the early intervention specialist to provide information, emotional support, as well as instruction to the child and family. Early intervention specialists often complained that they were social worker, psychologist, counselor, developmental specialist, deaf education specialist, speech therapist and audiologist all in one!

Since the enactment of Public Law 99-457, a team approach which recognizes the diverse and complex issues and needs of families has been widely embraced. Most recently, the transdisciplinary team approach has gained increased popularity. This approach requires professionals to release, exchange and expand their individual roles so that families can deal with one service provider rather than several professionals with expertise in specific areas (Linder, 1993). This approach requires professionals to plan and monitor their work as a team even though they are not all providing services directly to the family.

Euro-Cultural vs Multicultural. The rapid changes in the complexion of the faces of Americans have presented an unprecedented challenge to the nation. An ethno-cultural perspective of Americans with one culture and one language was the norm less than two decades ago. The beliefs and values of the dominant American culture were assumed to be cherished equally by all with little recognition or tolerance for diversity. Today, there is an increased understanding of the value of diversity and recognition of the importance of professionals developing both the knowledge and skills to provide services to families which

respect family values and are compatible with lifestyles and family goals. Developing "cross-cultural competence" has become an essential component of the preparation of early education specialists (Lynch & Hanson, 1992).

A multicultural perspective strengthens and supports Deaf Culture which recognizes a unique view of the world and shared values as a result of growing up deaf (Sass-Lehrer, Gerner de Garcia & Rovins, 1995). Research examining the acquisition of American Sign Language, the interactions of deaf mothers with their deaf children, the early communicative behaviors of young children, and the role of adult role models who are deaf has had a significant impact on early intervention programs and practices.

Auditory/Oral and English vs Visual/Gestural and American Sign Language. The primary emphasis on auditory and spoken language development for young children has gradually given way to a broader view of communication competence and early literacy. Many programs continue to focus on the acquisition of English language through auditory and speech development, while others believe that an emphasis on the "natural" language of the child who is deaf, or American Sign Language, will not only facilitate language acquisition but provide a strong foundation for learning and development in all areas. One perspective which values this latter approach views ASL as the first language and English as a second language for deaf children (Mahshie, 1995).

Diagnostic Prescriptive vs Developmentally Appropriate Programming. Early education for children who are deaf has been closely aligned to the ideology espoused in special education. Special education practices are imbedded in a diagnostic prescriptive model which focuses on identifying weaknesses and determining remedies or strategies for correction.

This approach is based largely on behavioral theories of development which emphasize behavioral objectives, task analysis and measurable outcomes.

A developmentally appropriate program approach, endorsed by the National Association for the Education of Young Children (Bredekamp, 1987), in contrast, is based on normal development and maturational and constructivist theories of development. The perspectives and practices of developmentally appropriate curriculum are designed to enhance and enrich development as opposed to addressing developmental difficulties (Wolery & Bredekamp, 1994). While increasing numbers of programs for young children who are deaf are incorporating practices which are both developmentally and individually appropriate, the emphasis on speech and language as well as the "watering down" of the elementary curriculum for preschoolers, sometimes distorts the intention of providing a developmentally appropriate approach.

Teacher Directed vs Child-Directed. The field of deaf education has had a long tradition of directiveness in prescribing for parents and focusing on the needs of children (Meadow-Orlans & Sass-Lehrer, 1995). Again borrowing from the field of special education, traditionally, professionals have endorsed an approach which incorporates adult-selected goals and directed teaching models. A highly structured environment with small teacher-child ratios in which teachers control the discourse and responses of children has dominated the field. Practices based on this perspective are gradually giving way to a more responsive model. This shift is evident in both home-based intervention as well as preschool classrooms. Recognition of the strength of interactions which are based on the child's interests and initiatives, professionals are modifying their approaches to incorporating such

techniques as following the child's lead and encouraging choices in activities and materials.

Summary. In summary, the field of early education has undergone significant changes in the last decade. Shifts in perspectives regarding best practices have been influenced by research, legislative initiatives, professional advocacy, and demographic changes. These developments have altered the way in which we view families and children who are deaf and have had an impact on the services and delivery approaches. While there is a tendency to support current perspectives and disregard traditional models, it is critical to keep in mind that "best practices" are only guidelines which have limited effectiveness if they do not address the individual priorities, resources and concerns of families with deaf children.

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